

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	09/869629				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51					
2	1					52					
3	1					53					
4	1					54					
5	1					55					
6	1					56					
7	1					57					
8	1					58					
9	1					59					
10	1					60					
11	1					61					
12	1					62					
13	1					63					
14	1					64					
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18	1					68					
19	1					69					
20	1					70					
21	1					71					
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24	1					74					
25	1					75					
26	1					76					
27	1					77					
28	1					78					
29	1					79					
30	1					80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL	1					TOTAL					
TOTAL	1					TOTAL					
TOTAL	1					TOTAL					
TOTAL	1					TOTAL					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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